



CLAIM INFORMATION FORM

NAMED INSURED: _____

TYPE OF CLAIM: _____
(Auto/GL/Equipment/Builder's Risk)

LOSS DATE & TIME: _____

LOCATION: _____

EQUIPMENT/AUTO INVOLVED: _____

PERSON INVOLVED (DRIVER/OPERATOR): _____

KNOWN PROPERTY DAMAGE OR BODILY INJURY: _____

MEDICAL TREATMENT (WHERE/WHEN): _____

AUTHORITY CONTACTED/REPORT NUMBER: _____

COMMENTS/NOTES: _____

COMPLETED BY: _____ DATE: _____



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